

- (5) Promptly forward to the IMFCU of the OAG copies of all audit reports which indicate suspected Medicaid provider fraud and, upon written request, one copy of workpapers relative to such audits. This includes audits performed by the Office or its contractors.
- (6) Provide for the needs of the Indiana Medicaid Fraud Control Unit for copies of claims, other documents, equipment, etc. when negotiating contracts with the Office's fiscal contractors, computer systems contractors and audit contractors;
- (7) Make available to the IMFCU of the OAG details of any plans to undertake decertification against a Medicaid program provider.

OAG AGREES THAT THE INDIANA MEDICAID FRAUD CONTROL UNIT (IMFCU) WILL:

- (1) Perform the duties and responsibilities as required of a Medicaid Fraud Control Unit under Federal regulations 42 CFR, sec. 1007.11 (1992 ed.), as authorized by Indiana law.
- Protect the privacy rights of individual recipients in its (2) collection and use of any such records and information received from the Office,
- Provide the Office with data collected during investigations relative to provider eligibility, fraud, (3) abuse, or other inappropriate practices whether the case is referred for prosecution or not;
- Provide the Office with data collected during investigations that may have a bearing on recipient eligibility, abuse of services or other aberrant practices.

EFFECTIVE DATE:

THIS AGREEMENT shall become effective and binding when signed and shall continue in force as long as the Indiana Medicaid Fraud Control Unit remains certified by the U.S. Department of Health and Human Services.

TN # 93-013 Supersedes TN # 92-16

Approval Date g-13-93 Effective Date $\frac{5}{6}$

Jition.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their officials hereunto duly authorized.

OFFICE OF MEDICAID POLICY AND PLANNING

Date: 5/6/93

Assistant Secretary

OFFICE OF THE ATTORNEY GENERAL

Indiana Medicaid Fraud

Control Unit

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